



**APPLICATION FOR ELECTIVE COVERAGE**  
**Sole Proprietor, Partners, For-Profit Corporate Officers,**  
**or Member/Managers of Limited Liability Company (LLC)**

The following categories of employment are not included within the mandatory provisions of the Industrial Insurance laws of Washington, Title 51 of the Revised Code of Washington. Optional coverage is available provided the exemption requirements are met. Please review the appropriate category and complete the form as applicable.

**SOLE PROPRIETOR, PARTNERS; LIMITED LIABILITY PARTNERS:**

Coverage can be elected for any or all owners. Please list names.

**FOR-PROFIT CORPORATE OFFICER:** Requirements for exemption:

- A. Bona fide corporate officer who is also on the board of directors and a shareholder, being elected according to the corporate bylaws and articles of incorporation, and
- B. Has substantial control in daily management of the corporation, and
- C. Primary duties do not include manual labor.

For-Profit Corporations, if opting for coverage, must cover all officers and all officers must fully complete and sign the back of this form.

A non-public corporation may exempt up to 8 (eight) officers, regardless of the performance of manual labor, if they are bona fide officers and shareholders and have substantial control in the daily management of the corporation.

A non-public corporation may exempt any number of corporate officers if they are all related by blood within the third degree or married and are bona fide officers of the corporation.

**LIMITED LIABILITY COMPANY (LLC) MEMBER/MANAGERS:** Requirements for exemption:

Please indicate whether A or B applies to your business.

- ☐ A. The management of the company is vested in its *members*, and the *members* for whom exemption is sought qualify for exemption under subsection (5) of RCW 51.12.020 were the company a sole proprietorship or partnership.

Coverage can be elected for any or all members in (A) **OR**,

- ☐ B. The management of the company is vested in one or more *managers*, and the members for whom exemption is sought are *managers* who qualify for exemption under subsection (8) of RCW 51.12.020.

All member/managers must be covered in (B).

**Sole proprietor/Partner, exempt member/managers of LLC or Corporate Officer coverage requires that each covered owner or corporate officer must report 480 hours or actual hours worked each quarter to the department in accordance with WAC 296-17-31007 until such time as the elective coverage is canceled.**

I, the undersigned, being either a sole proprietor, partner, member/manager of an LLC or a for-profit corporate officer of the corporation listed below, request coverage and agree to report hours worked as outlined above. I understand that the coverage will remain in effect until the department receives notice of cancellation in writing. Cancellation for sole proprietors, partners, or member/managers of an LLC is effective immediately upon receipt of written request. Coverage will be canceled for corporate officers 30 days after receipt of the cancellation notice, or on request provided that the requested date is at least 30 days after the written notice is received by the department. I will post reasonable notice where affected Corporate Officers work of such withdrawal 30 days prior to cancellation date. It is my understanding that the department has the authority to terminate this coverage for failure to report or pay premiums and assessments. It is also my understanding that should termination of coverage occur, I will be liable for the payment of premiums through the date of cancellation as indicated by notification from the department. Once payment is made, to re-instate coverage, I must submit another application.

**The effective date of coverage will begin at 12:01 a.m. on the day after the request is received by the Department of Labor and Industries, unless a later date is indicated here, \_\_\_\_\_.**

**For CORPORATE OFFICER AND LLC (B) COVERAGE as provided by RCW 51.12.110 list names and positions on page 2 of form.**

<u>Check One</u>		<input type="checkbox"/> Corp	UBI	Account ID
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> LLC			
<input type="checkbox"/> Partner	<input type="checkbox"/> LLP			
Business name				Phone number
Business address				
Date	% of ownership	Applicant's name and position	Signature	

**SEE PAGE 2 FOR MAILING ADDRESSES, ADDITIONAL NAMES AND SIGNATURES**

# CORPORATE OFFICERS, PARTNERS, LLC MEMBER/MANAGERS

**(Note: Corporate Officers and LLC members must meet specific criteria to be exempt. See reverse side)**

		UBI	Account ID
Name	Position	SSN	% of ownership
Signature	Duties	DOB	
Name	Position	SSN	% of ownership
Signature	Duties	DOB	
Name	Position	SSN	% of ownership
Signature	Duties	DOB	
Name	Position	SSN	% of ownership
Signature	Duties	DOB	
Name	Position	SSN	% of ownership
Signature	Duties	DOB	
Name	Position	SSN	% of ownership
Signature	Duties	DOB	
Name	Position	SSN	% of ownership
Signature	Duties	DOB	
Name	Position	SSN	% of ownership
Signature	Duties	DOB	
Name	Position	SSN	% of ownership
Signature	Duties	DOB	
Name	Position	SSN	% of ownership
Signature	Duties	DOB	

**State Fund Accounts – MAIL FORM TO: NOTE: —————>**

EMPLOYER SERVICES  
DEPARTMENT OF LABOR & INDUSTRIES  
PO BOX 44144  
OLYMPIA WA 98504-4144  
(360) 902-4817

**If your account ID starts with 700, 701, or 706**  
SELF-INSURED ACCOUNTS – MAIL FORM TO:  
SELF-INSURANCE SECTION  
DEPARTMENT OF LABOR & INDUSTRIES  
PO BOX 44891  
OLYMPIA WA 98504-4891  
(360) 902-6860